

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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received
10/2/13

PRINTED: 09/30/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505512	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2013
NAME OF PROVIDER OR SUPPLIER GARDEN TERRACE ALZHEIMER'S CENTER OF EXCELLENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 491 SOUTH 338TH STREET FEDERAL WAY, WA 98003		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Garden Terrace Alzheimer's Center of Excellence on 0/26/2013. A sample of four residents were selected from a census of 53 and included the closed records of 1 discharged residents.</p> <p>This survey included investigation of the following complaints: #2869891</p> <p>Survey team members included: [REDACTED] MSN. RN., Complaint Investigator</p> <p>The survey team is from: Department of Social and Health Services Aging and Adult Services Administration Residential Care Facilities District 2, Unit F 20425 72nd Avenue South, Suite 400 Kent, Washington 98032-2388</p> <p>Telephone: (253) 234-6000 Fax: (253) 395-5070</p> <p><u>Mike Anderson</u> 09/30/13 Residential Care Services Date</p>	F 000			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure staff transcribed a physician's order for anti-hypertensive medication correctly. This failure placed one of four residents (#1), reviewed for physician order transcription, at risk for complications associated with low blood pressure.</p> <p>Findings include:</p> <p>According to the 08/28/2013 Minimum Data Set, ■■■ year old Resident #1, was cognitively impaired, easily distracted, experienced disorganized thinking and required extensive assistance of two staff for activities of daily living including bed mobility, transfers and toileting. Resident #1 was observed, on 09/26/13 at 2:50 p.m., sitting in a wheelchair with other residents watching a movie. A pink cast was observed on the left arm. When interviewed the resident was unable to explain how she suffered a fracture.</p> <p>Review of the facility's 08/28/13 and 08/30/13, evidence of investigations revealed Resident #1 experienced a fall on 08/28/13 that resulted in</p>	F 309	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p> <p>F 309</p> <p>1. Resident #1 no longer resides at the facility. Resident #1's medication regimen was reviewed and reconciled to ensure accurate transcription and correct dosage. Resident was assessed and monitored for response to medications.</p> <p>2. All other residents' medications were reconciled for potential discrepancies and to ensure medication administration records are in accordance with physician orders.</p> <p>Staff trained on steps for processing physician orders.</p> <p>3. Facility established a system that includes having two licensed staff verify admission medication orders to decrease likelihood of transcription errors.</p> <p>4. The facility will monitor performance by completing weekly audits x 4 and then monthly.</p> <p>Audit results and information related to medication errors will be reviewed monthly in the Quality Assurance meeting.</p> <p>6. The date of compliance is 10/17/13.</p> <p>7. DON is responsible for ensuring compliance.</p>		

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F 309	<p>Continued From page 2</p> <p>fractures to the left wrist, and the right middle finger. According to this document staff assessed the resident to have a lying blood pressure of 138/60 and sitting blood pressure of 118/70. The fifth edition of Gerontological Nursing, defined orthostatic hypotension as, "A decline in systolic blood pressure of 20 millimeters of mercury or more...is postural hypotension."</p> <p>Subsequent to the fall the facility reviewed Resident #1's medication regimen and discovered the original physician's order for Prazosin two milligrams every evening was transcribed onto the Medication Administration Record as, "BID," (twice daily). According to the 12th edition of the Geriatric Dosage Handbook page 1276, a side effect of this medication was, "Marked orthostatic hypotension, syncope and loss of consciousness."</p> <p>Interviewed on 09/26/13 at 02:30 p.m., the Director of Nursing indicated, one of two Staff (C or D) who transcribed physician orders into the computer had erroneously increased the administration from once a day to twice a day. As a result of the transcription error Resident #1 received two doses of the antihypertensive medication [REDACTED] for nine days, 08/21/13 through 08/30/13. Resident #1 experienced the fall with fractures on 08/28/13.</p>	F 309			

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